# MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICA	Reg. Dist. No.
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME John C Ayres	3. (b) Social Security Number
4. Sex    Sex   S. Color or race   S. (a) Single, married, widowed, or divorced   White   Wildow	MEDICAL CERTIFICATION  2D. DATE DF DEATH
8. AGE: Years Months Days If less than one day hrs. min.  9. Birthplace	and that I last saw h 1 km alive on A 49 ust 29, 1945  Immediate cause of death PMI MUNARY Relema DURATION  And heart fallure efter  Prolonged confirmement to bed 244 rs  Bue to Hypertensin cardio Several  Vascular disease years
11. Industry or business    12. Name   John T'Ayres     13. Birthplace   MJ     14. Maiden name   ANN E   Hag let t     15. Birthplace   MJ     15. Birthplace   MJ	Dither conditions Paralysis following 1 year  eers by a Lemanth ago  (Include pregnancy within 3 months of dear)  Major findings of operations
18. Informant Mr. S. Ruth D. Ruthur ford  Address Rocks, M. b.  17. Burial (Burial, cremation, or removal, Which?)  Cemetery or crematory M. Watters Manue and Company of the company of t	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due fo external causes, fill in the following; Accident, suicide, or homicide
Location Near Jarratte will a Mo  18. Funeral director Dean Y Aska  Address Bel an Md  19. B - 31 - 19 45 Prescella forward  (Date rec'd by registrar)  Registrar  Registrar	Where did Injury occur?  (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?  23. SIGNATURE Charles (M. D. or other Address Address Address  Address  Address  Address  Address  Address  Address

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

SEP 7 1945
BUREAU V.S.

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9370



CERTIFICA	ATE OF DEATH Rog. Diat. No. 182
1. PLACE OF DEATH:  County  City or town.  City or town imits, write RURAL and give nearest town)  How long in above place of death?  Hospitat, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State County County County (If ontside city or town limits, write RURAL and give nearest town)  Street No. (If rural, give LOCATION)  2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Coea Baldion	
4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced  Jaccale White bidow	MEDICAL CERTIFICATION  20. DATE OF DEATH Q 27 19 45 of 4400 P
8.(6) Name of husband or wife John P. Baldwill  7. Birth date of deceased (mo., day, yr.)  8.(c) If alive, give age yes deceased (mo., day, yr.)	21. I CSRTIFY that death occurred on the date above stated; that I attended deceased from  19. 40 to 0
8. AGE: Years   Months   Days   If less than one day	- Dande
9. Birthplace	Bue to.  Bue to.  Bue to.  Bue to.
12. Name Slav Galelwing  13. Birthplace Baldwing Md.	Other conditions (Include pregnancy within 3 months of death)
14. Malden name Lusau asleton  15. Sirthplace Baldwin Md  16. Informant Russu Baldwine	Major findings of operations
Address Belain P. L.D.	PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Cemetery or cremetery Control of the Control of	Accident, suicide, or homicide
18. Funeral director Tessell Vakeing 9 Sour	Means of injury Injured at work?
Address abereteen met	23. SIGNATURE Wellard P. Dudson
19. Jato rec'd by registrar) 1946 Mulla Fourt de Registra	Address Falst Hell Md Bate signed 2 28/4

AUG 30 1985

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46

#### CERTIFICATE OF DEATH

(807!) Reg. Dist. No. 9#180

Date signed 8/201

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State County Flat
How long in above place of death? 3 years 6 months	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ho. Street Ho. F. D. P.O.
	Alf rurai, give LOCATION)
New long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Comma dong Barner	#- #
4. Sex (5. Color or ruce (6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
OH. W Widowed	20. DATE OF DEATH august 20 19 45 - 1 7.30 AM
William House Age th	21. A CERTIFY that death occurred on the date above stated; that Lattended deceased from
B.(b) Name of husband or wife A.	January 48 1944 10 Cugust 2019 45
7. Birth date of	and that I last saw her alive on august 8, 18 4
deceased (mo., day, yr.) 1000mber 20, 18/2	Immodiate cause of death DURATION
8. AGE: Years   Months Days   Months Days	Carcinoma of Zys
72 9 0hrsmin.	AUEN I
9 Richalge Vinginia	Due to.
9. Birthplace (Town, county, and state)	
10. Usual occupation	Due to.
11. Industry or business	
12. Hame Raturt St. France	Other conditions
12. Hame Addition of the state	
14. Maiden name Calling alette Sankings	(tnclude pregnancy within 3 months of death)
II. malden name.	Major findings of operations
2 15. Birthplace	Date of op.
18, Informant of the Anti- Anti- Anti- Anti- Anti-	Antopsy results.
Address John R. F.D. M.S.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Bulling Date thereof Aug. 22, 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal. Which?)  Date thereof (May) (year)	Accident, suicide, or homicide
Cemetery or crematory Illustry Other Land	Where did Injury occur?
Location Eddlesshara Carroll Co. mil	Injured at home, farm, industry, public place (where?)
01.41 7.1	Means of Injury tojured at work?
18. Funeral director	(A:00, Z1/, 20
Address Dogheavelle, Mid.	23. SIGNATURE FOYA J. Hudson, MA
19 Luga II 1945 C Flares Ween	M. D. or other
(Date rec'd by registrar) Registrar	Address Date signed DILO/4

THE SHE WAS ALL OF THE SECOND

SURFAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore 946

#### CERTIFICATE OF DEATH

City or town (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, Institution, or street eddress where death occurred.  How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	Baccel 3. (b) Social Security Number
4. Sex  5. Color or race 6.(a) Single, married, widowed, or divorced  Male  White  Married  6.(b) Name of husband or wife  6.(c) If alive, give age 42 years  7. Birth date of deceased (mo., day, yr.)  May 3, 1900	MEDICAL CERTIFICATION  2D. DATE OF DEATH  21. I CERTIFY that death occurred on the date above stated; that I etteoded deceased from  19. to 19. to 19. The state of the date above stated is the state of the state o
8. AGE: Years Months Days If less than one day  28	Due to.  Due to.  Due to.
12. Name 13. Birthplace 11. 13. Birthplace 11. 15. Birthplace 11. 15. Birthplace 11. 16. Intermant 11. 16. Cellice 1. Bawel Address 704 Leuris St. City.	Other conditions
17. Berrial (Burial, cremation, or removal, Which?)  Cemetery or crematory  Location  Location  Address  Value  Address  Location  Address  Location  Location  Address  Location  Locatio	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide
19. (Dato rec'd by registrar) Registrar	Address Harry M. Date signed

RECEIVED

AUG 10 1945

BUREAU V.B.

#### MARYLAND STATE DEPARTMENT OF HEALTH

#### CERTIFICATE OF DEATH

ot age	2411 N. Charle	SE OF DEATH
ormation carefully. The correct death clearly and legibly.	1. PLACE OF DEATH: County  City or town. Institution, or street address where death occurred:  Mow long in above place of death?  How long in hospital or institution?  3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State  County  City or town  (If outside city or rown infants, wyfe RURAL and give nearest town)  Street No.  (If rural, give LOCATION)  2.(a) th veteran, name war.
of info	4. Sex 5. Color of race 6.(a) Single, married, wildowed, or divorced Single	Beshop 3. (b) Social Security Number  MEDICAL CERTIFICATION  20. DATE OF DEATH. LIQUIST 8 19.45 of 6.507 M
Supply every item lease write the cau	8. (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19. 4. to 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
ADING INK. Supr Physicians: please	B. Birthplace Have de Hace Harford, Musyl  10. Usual occupation	Due to Du
WITH UNF important.	12. Name	Other conditions Plantane (Include pregnancy within 8 months of death)  Major findings of operations.  Date of op.
RITE PLAINLY, is especially	Address   S + 4 Ch St Serry Porit. Md-    Company   Comp	Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
PLEASE WRI	18. Funeral directors.  18. Funeral directors.  Address Havre de Leace, Miles  19. 8/9 (Date rec'd by registrar)  19. Registrar	Injured at home, farm, industry, public place (where?)  Means of injury  tnjured at work?  23. SIGNATURE  M. D. or other  Address — Addless — Date signed LACE

VS A15

MARGIN RESERVED FOR BINDING

Oscar Bishop

R. F. D. Have de Bice

Thousely Hill

BOKEVO A'S
NOTE THE



#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 97

08083

#### CERTIFICATE OF DEATH

1. PLACE OF DEATH: //	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Hay	(For newboro infants give residence of mother)
City or town Hammed Sure	State
City or town. (If outside city or town limits, write EURAL and give nearest town)	City or jown Children My
How long in above place of death?	(If outside city or towo limits, write RORAL sud give nearest town)
Hospitel, institution, or street address where death occurred:	Street No.
Flos Pital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) it veteran, name war
3. (a) FULL NAME Herry Buller	3. (b) Social Security Number
4. Sex 5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M Col Ringle	0 500
711	2D. DATE DF DEATH Cuy 19.45 at
	21. I CERTIFY that trait occurred on the data above stated; that I stiended deceased from
6.(6) Name of husband or wife	lug 9 18 \$5° 10 aug 11 18 \$5
7. Birth date of	F. Clean Fr.
deceased (mo., day, yr.) Celaser 6-1855	
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
0.40	
8 / 10   10 min.	Halik
8. Birthplace Thanyland	Due to.
9. Sirihplace	gherled as
1D. Usual occupation.	Due to.
11. Industry or business	DUC (U
	014 - 2 -
12. Name	Other conditions.
	(loclude pregnancy within 8 mooths of death)
14. Malden name Mukeuum  St. Birthplace / //	
	Major findings of operations
\$1 15. Birthplace	Date of op
16. Interment Assets Related	Autopsy results.
Address towned de prince - mil.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audiess / Company	22. VIOLENCE: If death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?)  Date thereof imports (oby) (year)	Accident, suicide, or homicide
(Burlai, cremation, or removal, which;)	
Cemetery or crematory	Where did injury occur?
Location Bellin Kurel	Injured at home, farm, industry, public place (where?)
De a List	Means of Injury Injured at work?
18. Funeral director	6   (
Address Belan mer	6. 1. d Comm
16 11- 644 · m A	23. SIGNATURE. M. D. or other
(Date reed by registrar)  (Date reed by registrar)  (Date reed by registrar)	Address Have De Grave Date signed 8-11-4
(Date region by registrar)	RUUI CSS

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corresponding is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
AUG 18 1945
RUPEAU V.S.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



### CERTIFICATE OF DEATH

08084

			1	9	1
Reg.	Dist.	No.		0	l

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newboro thants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Manyaul County Jana
How long in above place of death? About 3 months	(If outside city or town limits, write RURA) and give nearest town)
Hospital, Institution, or streel address where death occurred:	Street No. 5.56 Feer's St
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John W. Chris	716-01-8208
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male Negro Widowed	20. DATE OF BEATH ( 100151 20 1945 at 415 A
6.(b) Name of husband or wife Nattie & Christy	2f. I CERTIEV that death occurred on the date above slated; that Lettended deceased from
	(119 20 1945 to Clue 20 1945
7. Birth date of	and that I last sar in alive on the same of the same o
deceased (mo., day, yr.) November 25, 188	Immediate cause of death
8. AGE: Years Months Days If less than one day	Comar lambon 1 das
2/18/20 hrs. min	1.
9. Birthpiace Cebereleer Barford, Md.	Due to
(Town, county, and ntate)	Myrasth 6 les
1B. Usual occupation.	Due to
11. Industry or business dequal degree ,	
12. Name the total Thristif	Other conditions
	(Include pregnancy within 3 mooths of death)
14. Maiden name Starie Washield	
\$ 15. Birthplace aberdeen, Maryland	Major findings of operations.  Date of op.
16. Informant Miles Seesile Christy	Autopsy results.
16. 1. 199 11 5 West	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address ( blislew R. T. M. 2 Margaret	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Thurs M. E. Constant	Where did injury occur?
Depethone Manda	
Location Location	Injured at home, farm, Industry, public place (where?)  Means of injury  Injured at work?
18. Funeral director	moans or injury injures at work?
Address 55 la levis St. House de Glaya Va	a Mulle Malling
1 (100 23 115 Noll: 3/ til	23. SIGNATURE.  M. D. or other
(Date rec'd by registrar)  Registrar	M / He An huga / Mun 33.

Address...

VS A15

SEP 4 1915 BUREAU V.S.

### MARYLAND STATE DEPARTMENT OF HEALTH

#### 2411 N. Charles St., Baltimore A. CERTIFICATE OF DEATH

	1103.0.111.110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newhorn infants give residence of mother)
Offy or jown (If outside city or town jimits, write RURAL and give nearest town)	State County Starford
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)
nospital matterior, or strott garious white about south souther.	Street No.
How long in hospital or institution?	(If rural, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Hose E Connor	no
4. Ser 5. Color or race G. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Lemole Winter Married	20. DATE OF DEATH Chuy 7 7 19.45 at 18 MM
6.(b) Name of husband or wife John Conner	21. I CERTARY that death occurred on the date above stated; that I allended deceased from
7. Birth date of	and that / last saw harmalive on frequency 57 19.45
deceased (mo., day, yr.) Alec , 0, 18/6	Immediate cause of death DURATION
8. AGE: Years Mooths Days If less than one day	Cucuman of
68 8 22arsmin.	- January 1
9. Birthplace. (Town, county, and state)	Due to
10. Usual occupation Strouge work	
11. Industry or business at thome	Due to
12. Name. A grid Toutrus  13. Birtholace A grid of the state of the st	Other conditions
13. Birthplace 100 for con	(Include pregnancy within 3 mouths of death)
14. Malden name take force	(Include pregnancy within 5 mouths of death)  Major findings of operations.
\$ 15. Birthplace to a ford of mid-	Bate of op.
18. Informant AV to San Communication	Autopsy results
Address over my, & M,	
(Burial, semation, or removed Worker)  Bate thereof. (march) (day) (year)	VIOLENCE: If doath was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory & rubling Cum,	Where did injury occur?
Location Hoylord Co. Md.	Injured at home, farm, industry, public place (where?)
18. Funeral directors 14. D. Boulen	Means of Injury Injured at work?
Address Darlington Md.	23 SIGNATURE F. S. S. SIGNATURE F. S. SIGNATURE F. S. SIGNATURE F. S. S. SIGNATURE F. SIGNATURE F. S. SIGNATURE F. SIGNATU
Dug. 28, 195 M. G. Hirk	M. D. or other
(Date e'd by registrar) Registrar	Address Date signed

OCT 18 1945
BUPEAU V

THE RESERVE OF THE PARTY OF THE

Artosa Mil

MARGIN PESERVED FOR BINDING

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (B76)

08085 Reg. Dist. No. /82

### CERTIFICATE OF DEATH

1. PLACE OF DEATH: Harlord  County  County  Rural - Bel Air  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death? Eight days  Hospital, institution, or street address where death occurred:  Fountain Treen Hospital, Bel Air, Md.		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State Maryland County Harford  City or town (If outside city or town limits, write RURAL end give neurest town)  Sirect No (If rural, give LOCATION)			
					How long in hospital or Inst
3. (a) FULL NAME	John		Crow	3. (b) Soci	al Security Number
4. Sex 5.	Color or race	6.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICA	TION
Male V	hite			20. DATE OF DEATH. August 28	45 2:30 P
S.(b) Name of husband or wife Elizabeth Crow  S.(c) If alive, give age years  7. Birth date of Control of the second of the seco		21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  March 1 1944 16 ugust 28 1945  and that I last saw him alive on August 28 1945			
deceased (mo., day, yr.)	Sept. 15	, 1865		Immediate case of death	
8. AGE: Years 79 years	Months 11	Days 13	If less than one dayhrsmin.	Chronic pyelo-nephritis	l yr.
9. Birthplace Harford County, Md.  (Town, county, and atate)  10. Usual occupation. Returned  11. Industry or business Tarwing				Due to Prostatic Hypertrophy and 3 Urinary Retention (Prostatectomy- 1945)	
Ad 1	Stepr Ir	en Cr		Other conditions Gen. Arterio-sclerosi Chr. Myocardial Disease	
Bridget Wesh  14. Maiden name Bridget Wesh  15. Birthplace  Wrs. Milton Kelly,				(Include pregnancy within 8 months of death)  Major fiediogs af operations. Benign Hypertre	onhy Prostate:
1B. Informant			•••••••••	Autopsy results	he charged statistically.
17. Bur 1.8 (Burial, cremation, or Cemetery or crematory.	1 remynt Which?	Date there rin	(month) (day) (year)	\$2. VIOLENCE: If death was due to external causes, fill in the following and the fol	Date of
Location				Injured at home, farm, Industry, public place (where?)	
Address Ben	ornberg	d.		Means of Injury Injured  23. SIGNATURE (Ullard P. Head	at work?
19. S. 2.9 (Date rec'd by registr	19 <i>1</i> 15	" The	ecilla Toword	Address Forest Hell md	M. D. er other

JUREAU T. S. went mament . William modility. . Differential All The latest the same THE REPORT OF THE PROPERTY OF age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

#### CERTIFICATE OF DEATH

182

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3. (a) FULL NAME	3. (b) Social Security Number		
wa M. N. De	evio		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
A. Ot. married	20. DATE OF DEATH. 201 19.45 at		
6.(b) Hamo of husband or with a three Sono	2) I CERTIFY that death occurred on the date above stated; that lattended doceased from		
7. Birth dato of Section 19 19 19 19 19 19 19 19 19 19 19 19 19	and that I last saw h		
deceased (mo., day, yr.)  8. AGE: Years   Months   Bays   If less than one day	Immediatocalis of death DURATION		
56 10. 27	JOANN DISTAST IN		
9. Birthplace. Md.	Due to.		
(Town, county, and state)	Y		
10. Usual occupation.	Que 16		
11. Industry or business and the state of th	Other conditions Malmutation		
700 - 1100	(Include pregnancy within 8 months of death)		
14. Maiden name Clora Cade	Major findings of operations.		
∑ 15. Birthplaco			
Address Fallston Medi	Antopsy results		
17. (Burial, cremation, or removal. Which?)  Bato thereot (mogth) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide		
Gemetory or crematory thinks Country	Where did injury occur?		
Location Fallston Ind	Injured at home, farm, industry, public place (where?)		
18. Funoral director Clarent E. athur	(Means of Injury Injured at work)		
Address Fork 2nd 1	( Sifford to Hudson M		
19. 8 2 - 19. 45 Puscilla Fouvo	Address Date signed Date		

William St. 191 RECHIEF, D

M	em of infor-	shouldstate	f OCCUPA-	
	K-THIS IS A PERMANENT RECORD. Every item of infor-	hould be stated EXACTLY. PHYSICIANS should state	may be properly classified. Exact statement of OCCUPA-	
	IT RECO	LY. PH	. Exact	
GRVED FOR BINDING	RMANE	XACT	classified	
FOR B	IS A PE	stated F	properly	hack of contificate
ED	HIS	l be	be /	30
ERV	K—T	hould	may	had

B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. E.	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICI	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact staten	ns on back of certificate.
BWRITE PLAINLY, WITH UNFA	mation should be carefully supplied	CAUSE OF DEATH in plain terms,	TION is very important. See instructions on back of certificate.

STATE	OF	MARYLAND—CERTIFICATE OF DEATH	08087
DEATH		Jack	

1. PLACE OF DEATH	110.5
County Harland	Registration Dist. No. 182
Village or City Bel Q's	NoSt.,Ward
Length of residence in city or town where death occurredyrs	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?yrs
11 . O David	
(a) Residence: No. (Usual place of abode)	St., Ward. Bel Go, Ud, If nonresident five city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR, OR RACE S. SINGLE, MARRIED, WIDOWED, OR DEFORCE (white the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from Qua. 14 1945 to Ques, 16 1945
6. DATE OF BERTH (month, day, and year) Larch 30, 1945	I last saw h A aliva on Que 16 1945; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, atm.
— 4 /7   1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Entiro Colitos - Queg 13.43
work was done, as SILK MILL, SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) TSEL Qu, Md. (State or country)	Other Contributory Causes of importance:
# 13. NAME Willer Davis -	
13. NAME NULL Davis -  14. BIRTHPLACE (city or town) Darling Tow, S.C.  (State or country)	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Lizzie Hamilton  16. BIRTHPLACE (city or town) Darling Tow, S.C.  (State or country)	23. If death was dué to external causas (VIOL ENCE) fill in also tha following:  Accident, suicida, or homicide?
17. INFORMANT Willer Davis (Address) The Ocia Ald	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Date aug 17 4, 19 5	Manner of injury
19. UNDERTAKER MUSSELL BLUVIS (Address) / 19. Howard St Voll Geo	24. Was disease or Injury In any way related to occupation of deceased? No.1
20. FILED 8. 16 , 19. 45 Praxilla Toward. Registrar.	(Signed) U. T. VOU ROOM M.D. (Address) THE QUY MA.

#### UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Exam	ole I	11	Example II	
The principal cause of death a of importance were as follows:	nd related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1 3001 73	2 1921	Run over by street car	1 week ago
Cerebral hemorrhage	1	July 5,1927	Peritonitis	3 days ago
		1000		
Other contributory causes of in	nportance:	2	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

VS A15

Mage

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No...

City or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (Eor newborn infants give residence of mother)  State
3. (a) FULL NAME  Chola Nota Davis  4. Sex   5. Color or race   6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number
Lessule White Marked, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE DF DEATH. 1945 91/2130 P. M
6.(b) Name of husband or wife Engs M. Dans  6.(c) If alive, give age 74 years  7. Birth date of deceased (mo., day, yr.) Apr 7, 1870	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from  19. 10. 19. 15.  and that I last saw h. 2 alive on 19. 15.  Immediate cause of death Communication of the c
8. AGE: Years Months Days If less than one day  15 4 3 hrs. min.  9. Birthplace (Town, county, and state)	Buo to Anglin Pertoria
10. Usual occupation	Duo to.
12. Name Samuel Robers  13. Birthpiace Moreyland	Diher conditions
14. Malden name + akrii Saudiro  15. Birthplace Maryland	(Include pregnancy within 3 months of death)  Major findings of operations
15. Informant Eyoo M. Darro	Autopsy results
Address  17. Burial (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)  (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
Cemetery or crematory Union & Kapal	Where did injury occur?
18. Funeral director Fourand K. Me 6 mess Y stro	Injured at home, farm, Industry, public place (where?)
Address abing for Malyland	23. SIGNATURE SA DA TRUM M. D. or other
19. Coate 13 19 19 Millie # Villey (Date 1904) by registrar	Address aber deen and Date signed My 12, 1945

SEP 4 1945 BUREAU V.Q.

PLEASE

VS A15

#### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

#### CERTIFICATE OF DEATH

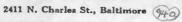
1. PLACE OF DEATH: Tarlord	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town Bel air, am a. Arral	State Md County Harford
(If ontside city or town limits, write RURAL and give nearest town)	City or town Rural - Bel air
How long In above place of death?	
100pmin, 1100min 100 100 100 100 100 100 100 100 100 10	Street No
How long In hospital or Institution?	2.(a) It veleran, name war
3. (a) FULL NAME Charles H. A	2. (b) Social Security Number
4. Sex   F. Color of race   6.(d)Single, married, answed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH aug 17 1945 at 320 p.
B, (b) Name of susband and some steek	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from
Oliva	Sept 1844 10 aug 17 1845
7. Birth date of	and that I last saw human alive on Quantity 17.
deceased (mo., day, yr.)  8. AGE: Years   Months   Days   It less than one day	Immediate cause of death OURATION
10 11 15	Carcinoma of Descending
60 //hrshrs.	======================================
9. Birthplace	Due to
10. Usual occupation. Farmer	
la ain.	Oue to
11. Industry or business	
12. Name.	Other conditions
13. Birthplace	(Include pregnancy within 8 months of death)
14. Malden name ( ) Thorne of the start of t	Major findings of operations
15. Birthplace	Date of op.
18. Interment Mrs Is you Hick	Antopsy results.
Address Bel-air Md R. W.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Oate thereo Cug. 19. 196	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, generation, company), Which?)	
Cemetery or crematory 3 7000 Creek	Where did injury occur?
Location Frankord Co, Md,	Injured at home, farm, industry, public place (where?)
All Brille	Means of Injury Injured at work?
18. Funeral director	
Address Warrenger 1119	23. SIGNATURE Wellard P. Heldson
19 8. 18 19 46 Purcella Torward	20 700 + 11 00 Deal M. D. or other 2/19/41
(Date rec'd by registrar) . Regist	trar Address Forest Ital Ma Date signed 8/19/50

THE REPORT OF THE PARTY OF THE

AUG 21 1945 BURHAU V.C

VS A15

# MARYLAND STATE DEPARTMENT OF HEALTH



61	w	13	0	1
0	0	U	J	I

# CERTIFICATE OF DEATH

			1	0	9
1	Reg.	Dist.	No	D.a.	4

	The state of the s
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Har for &	(For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State / d County Harfort
How long in above place of death? 3 days	City or town
Hospital, Institution, or street address where dead occurred:	
	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Fairy Bell Jones	
4. Sex 6. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
tenela bal Merris &	20. DATE OF DEATH A 1915 2 3 19 5 at 11 A
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
. Birth date ot	and that I last saw h
deceased (mo., day, yr.) WWW.s.s.s.s. AGE: A Yeare   Months   Days   If less than one day	Immediate cause of death
1 11 10 10 10 10 10 10 10 10 10 10 10 10	Coronary occlusion -
hrsmln.	0
Birthplace	Due to
D. Usual occupation	Due to
1. Industry or business	
12. Name Zushing 13. Birthplace	Dther conditions
14. Maiden name Harkare	(Include pregnancy within 3 months of death)
14. Malden name	Major findings of operationa
-1 15. Bit tilpiace	Bate of op
6. Intermant Sau august	Autopsy results
Address Belan, Mil	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burlal, cremation, or removal, Which?)  Date thereot 25/45  (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:
	Accident, evicide, or homicide
Cemetery or cremetory	Where did injury occur?
Location Man Bel an mil	Injured at home, farm, industry, public place (where?)
6. Funeral director Desce Y Follo	Means of Injury
a 00 h.	Gerald & Varmer M.D.
Addrese Settler Mil	23. SIGNATURE Debuty hedren Framine
8. 24 145 Viscella Fourvol	Hagerel Country M. D. or other
(Date rec'd by registrar) Registrar	Address Bate signer 7 27193

RICHTURD

1	6	. 1	1	1
(	Т	V	ŀ	
1	-	¥	1	1
7	-	_	-	r

ADING INK. Supply every item of information carefully. The correct Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. is especially important. Physicians: pl

MARGIN RESERVED FOR BINDING

VS A15

## CERTIFICATE OF DEATH

1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
3. (a) FULL NAME	
Lewis Everett Donglan	Jeeneral 3. (b) Social Security Number
4. Sex  Mele 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. August 8 1975, 21 6 4. N
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that Lattended deceased from
7. 8 irth date of 0 - 26 1906-	and that I las Saw h. Asan alive on Comments of 19.45
8. AGE: Years Months Days If less than one day	Immediate cause of death. DURATION 2 Cargo
9. Birthplace Whiteford Houngard, and state)	Due to
10. Usual occupation	Due to
12. Name Lewis Verman Leonard.	Other conditions (Themasumby (2ma)
14. Maiden name Estata Rosolla Dongles.	(Include pregnancy within 3 months of death)  Major fludings of operations.
\$ 15. Birthplace Harfingl Co. Md.	Date of op.
Address Whiteland Md. (8.0. Decta, Oa.)	Autopsy results
17	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location 9/1/100/	Means of Injury Injured at work?
18. Funeral director	O. 1 G BL Th D
19. Class of S 19. 45 Carl & More Registrar	23. SIGNATURE M. D. or other  Address arehal, mel Bate signed 8/8/95

AUG II 1945
BUREAU V.S.

AUG 21 1945

UNFADING INK. Supply every item of information carefully. The correct cant. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH is especially impor-

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 547

#### EDTIFICATE OF DEATH



1. PLACE OF DEATH:  County	
Hospital, Institution, or street address where death occurred:  Street No. 2212 Marie Location)	
2 (a) If yellaran name war	••••••
Now long in hospital or institution?	
3. (a) FULL NAME Scale (b) Social Security Num 197-10-7	 
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced MEDICAL CERTIFICATION  Welle white married Dearth 20. Date DF DEATH 20. 19.45	315A M
8.(b) Name of hardend or wite	7 19 YV
7. Birth date of deceased (mo., day, yr.) Seft. 9 1903  8. AGE: Years Month Days If less than one day under the less than one day	DURATION
41 11 21 hrs. min. bruce tumo	
9. Birthplace (Town, county and state)  Due to  10. Usual occupation	
11. Industry or business Soil Courseville  12. Name Busiles Soil Differ conditions	
12. Name	
15. Birthplace Peace. Date of op	
16. Informant Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically and the color of t	stically.
Address 22. VIOLENCE: If death was due to external causes, fill in the following;  17	
Cemetery or cramatery State Redge County Where did injury occur? (City or town) (County) (Si Location Delta Ca: Injured at home, farm, industry, public place (where?)	
18. Funeral director Herbert P. Startheirs Means of Injury Injured at work?	Mis
19 Sept. 19 45 (as) 6. Sept. 23. SIGNATURE 20. Date signed	ther - 31'-41

HIMAS NO STANSANDA

SEP 8 1945 BUREAU V.S.

2411 N. Charles St., Baltimore 13/0

-	AL.	
-31	-	•

08095

CERTIFICA	IE OF DEATH  Reg. Diat. No
1. PLACE OF DEATH  County  City or town.  (If outside city or town timits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where stath occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State  County  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No  (If rurat, give LOCATION)  2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced  Make 1912 1922 1922 1922 1922 1922 1922 192	MEDICAL CERTIFICATION  20. DATE OF DEATH  21. I CERTIFY that death occurred on the state above stated: that I attended deceased from 19.43  and that I last saw h
8. AGE: Years Months Bays if less than one day  hrs. min.  9. Birthplace (Town, county, and state)  11. Industry or business  12. Name (13. Birthplace)  13. Birthplace (13. Birthplace)	Due to.  Other conditions.  DURATION  DURATION  DURATION  DURATION  DURATION  DURATION  DURATION  DURATION
14. Maiden name	(tnclude pregnancy within 8 months of death)  Majnr fiudings of operations
18. Funeral director General In the Port Address Have de Class  19. 8//3 (Date rec'd by registrar)  19. 8//3 (Date rec'd by registrar)	Injured at home, farm, Industry, public place (where?)  Means of Injury  Injured at work?  23. SIGNATURE  Address  Addre

VS A15

PLEASE WRITE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BINDING

FOR

ARGIN RESERVED

RUGETED AUG 17 1945

BURLAU V.S.

2411 N. Charles St., Baltimore 42

# CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)
County Margard Mace, Md.	State Md County Lanford
(If outside city or town limite, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limite, write RURAL and give nearest town)
Harford memorial Haspital	Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Laura A. Me 1 adden	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7 W single	20. DATE OF DEATH A ng 28 1945 at 4A
6,(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
0.63.46.91.2	19, to
1. Sirth date of deceased (mo., day, yr.)	and that I last saw halive on
8. AGE: Yeara   Months   Days   If less than one day	Immediate cause of death
23 hars 11hrsmin.	10 TTM Da Hill plans the A
9. Birthplace	Due to To xemia.
10. Usual occupation. Zulant	Due to H. S. a da May S. 1. S. Jan Den Just af
11. Industry or business	Carasi Tas) - 1
12. Name John J. M. tedden, Js.	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden name Evelyn Styer  15. Birthplace Manuland Cearl Counts	Major findings of operations.
15. 84thplace maryland (Cearl County)	major indings of operations.  Date of op.
16, Informant John & Mc Fadden Tr.	Autopsy results.
Address Box 163 almed con, md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
n !· I	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?)  Date thereof (mghth) (day) (year)	Accident, aulcide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location Man Julian Man	Injured at home, farm, Industry, public place (where?)
18. Funeral director Annual James	Means of injury injured at work?
Address Celedien med.	Levall almer Commen
0.0.30 45 0.00 hA	23. SIGNATURE M. D. or other
19. Oste red d by registrar)  (Date red d by registrar)  Registrar	Address B. DA in May Date signed 7981 &
	the state of the s

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cois especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE

MARGIN RESERVED FOR BINDING

The correct age

VS A15

HAMMER OF THEMSELVED STATE GRADULES.



VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 4630



# CERTIFICATE OF DEATH

08097 Reg. Dist. No. 182

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
(If outside city or town limits, write RURAL and give nearest town)	State Standard County County
	City or town (1f outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 5 8 3/20-	(If outside city or town limits, write RURAL and give nearest town)
Hospilai, institution, or street address where death occurred!	Street No.
***************************************	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	
2000	3. (b) Social Security Number
William C. Michael	none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male White Hadowel.	
Male Hour grands	2D. DATE OF DEATH Ling: 15 1945 at 4:450 N
An Bell Billiot	2t. I CERIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of Inches wife wife with the state of the stat	"" Y 7 10 15 15 11 11 11 11 11 11 11 11 11 11 11
7. Birth date of	ars Color 15
deceased (mo., day, yr.)	
	= Immediate cause of death-
	Carcinona mostate 18 mos
85  hrsmi	
Phe le mel	
8. Birthplace (Town, county, and state)	Due to
07-	
10. Usual occupation. Farmer	Due to
11. Industry or business	
12 Name John Colven Michael	
	Dther conditions
13. Birtholage alleration frages to.	(Include pregnancy within 3 months of death)
# 14. Malden name Carry Martha Metabell	
	Major findings of operations.
= 15. Birthplace Hevel de Drave Gerfund Cart	Date of op.
18. Informani . Ilarge B. Michael	Antopsy results
72 1 4 :	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address / Och Oliv Mg	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Bures Bate thereof ( 18-19-19-45	
(Burial, cremation, or removal, Which?)  Date thereof (month) (day) (year)	
Cemetery or crematory Churchyelle	Where did injury occur?
Location Churchaelle Barford Cor	Injured at home, farm, Industry, public place (where?)
18. Funeral director Descrip Javering Jones	Means of Injury Injured el work?
Address allerdeen Hid.	- (1) Donal D. Wildon
1 8 10 W RD 11 P	23. SIGNATURE M. D. or other
18 0. 1 - 1995 Umeella Foure	ar Address Forest Leel med Date signed 8/17/45
(Date rec'd by registrar) Registra	ar II Address

RECEIVED AUG 21 1945 STREAT V. B.

(Date

23. SIGNATURE.

Address.

RECEIVED
NOV 5 1945
BULLEAU VE

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

VS A15

MARGIN RESERVED FOR BINDING

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

	Neg. Dist. No. h
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	State Marygand County Harfard
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town
llosoital, institution or street address where death occurred	Street No. Below C. D. #
The same of the same of the	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
Jeorea Ellen Porks	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Sign b, married, widowed, or divorced	MEDICAL CERTIFICATION
Femile W Sengle	2D. DATE OF DEATH. Que a 5 1945 at 240 PM
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw her alive on ang 2,5 19 x 5
deceased (mo., day, yr.) /LOO. 2, 1747	Immediate cause of death
8. AGE: Years Months Days If less than one day	Infections Deanbre q 4 day
9. Birthplace. (Town, county, and state)	Due to
1D. Usual occupation.	Due to
11. Industry or business	DUE (U
12. Name There Tolaro Vorto  13. Birthplace Hlat Redyl Ou	Biher conditions Doly deating &days.
	(Include pregnancy within 8 months of death)
14. Malden name Ellew Paris 15. Birthplace Flat Rage Va	Major findings of operations.
15. Birtholace Flat Rage Va	Date of op.
16. Informant Course Course	Antopsy results
Address Churchalle Bellie Rive #1 Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. (Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following:     Accident, suicide, or homicide
Telest Maller of according	Where did injury occur?
Cemetery of Stemplery	(City or town) (County) (State)
Location Control Contr	Means of Injury Injury Injury
18. Funeral director	. 0 1 (
Address Wugern Maryland	23. SIGNATURE & Ralph Hovey her
19. S-27 19. 4.5 Q'. Leurs M.D. Registrar	Address Churchorle Med Date signed cang 27



2411 N. Charles St., Baltimore (833)

# CERTIFICATE OF DEATH

				10	2
The same of				IX	,
1	Rea	Dist	No.	18	

Street Ro.  Street		
It's continued by the prince of death of cours limits, write RURAL and give nearest town)  for long in above place of death.  for long in above place	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For uewborn infante sive residence of mother)
tilly or form.  It multiple of dealth.  One woo long in above place of dealth.  Street Ro.  (If controls of cyron to the BURAL and give narrows town)  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town limits, write BURAL and give narrows town)  Street Ro.  (If controls of cyron town)  Street Ro.  (If controls of cyron town)  MEDICAL CERTIFICATION  2.(a) If welfara, name war  2.(b) Hame of bushand or wife.  MEDICAL CERTIFICATION  2.(c) Late of oath and so did a characted; that I altered deceased from MEDICAL CERTIFICATION  2.(b) Hame of bushand or wife.  Street Ro.  (If controls of controls of controls of consect from the case of the delive above street; that I altered deceased from MEDICAL CERTIFICATION  2.(c) Late of oath and so did a characted control of controls of control of controls of control of co	County	state med county Hearford
tow long it above place of death?    Country		- Frent Rude
Street Ro. (If rown), give LOCATION)  2(0) If veltran, name war.  3. (a) FULL NAME  S. Colfe or race	1/0 10 10	(If outside city or town limits, write RURAL and give nearest town)
(If rues,) give LOCATION)  2.(a) If relevan, name was:  2.(b) Social Security Number  2.(c) If relevan, name was:  3. (b) Social Security Number  2.(c) If relevan, name was:  3. (c) State)  3. (b) Social Security Number  2.(c) If relevan, name was:  3. (d) State)  3. (b) Social Security Number  2.(c) If relevan, name was:  3. (d) State)  3. (b) Social Security Number  2.(c) State)  3. (b) Social Security Number  3. (c) State)  3. (d) State)  4. (d) State)  5. (d) If relevan, name was:  4. (e) State)  4. (e) State)  4. (e) State)  5. (e) If relevan, name was:  4. (e) State)  4. (e) State)  4. (e) State)  6. (e) Sta	Hospital, Institution, or street address where death occurred:	Street No.
3. (a) FULL NAME  3. (b) Social Security Number  Lisex  5. Dolfer or race  6. (c) Single, married, widowed, or diverced  When of buebond or wife.  15. Dolfer or race  6. (c) Single, married, widowed, or diverced  When of buebond or wife.  16. (c) Hame of buebond or wife.  16. (c) Halve, give age.  21. I CERTFY that death occurred in the dath occu	***************************************	
3. (a) FULL NAME  1. Sex 5. Dolfr or race 8. (a) Single, married, widowed, or diversed Seath of Security Number  1. Sex 5. Dolfr or race 8. (a) Single, married, widowed, or diversed MEDICAL CERTIFICATION  1. Sex 5. Dolfr or race 8. (a) Single, married, widowed, or diversed MEDICAL CERTIFICATION  1. Sex 5. Dolfr or race 8. (a) Single, married, widowed, or diversed MEDICAL CERTIFICATION  1. Sex 5. Dolfr or race 8. (a) Single, married, widowed, or diversed MEDICAL CERTIFICATION  2. Date of OEATH MEDICAL CERTIFICATION  3. Date of OEATH MEDICAL CERTIFICATION  3. Da	How long in hospital or institution?	2.(a) If veteran, name war.
1. Sex    S. E. Colfe or race   S. (a) Single, married, vidowed, or diversed   MEDICAL CERTIFICATION		3 (b) Social Security Number
20. BATE OF DEATH 19. The standard deceased from Bright dester of the date above stated; that I attended deceased from Bright dester of deceased (mo. day, yr.)		
20. Hame of hueband or wife Manual Hall Robinson 2. Second Hall altered deceased from Roy 5 18 18 18 18 18 18 18 18 18 18 18 18 18	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Serin date of decaded (mo. day, yr.)   Serin date of de	M W Widowe	20. DATE OF DEATH Que 24 19 45, at 6.46
Serin date of decaded (mo. day, yr.)   Serin date of de	namais Hall Robins	21. I CERTIFY that death occurrent on the date above stated; that I attended deceased from
1. Birth date of deceased (mo, day, yr.)  8. AGE: Years Months Days It less than one day  15. Birthplace. Confidence of (Town, county, and facto)  16. Usual occupation.  17. Manden name. Statistically.  18. Informant Statistics of the factor of the facto	8.(0) Name of nuepand of Wile	Deug 5- 1942 10 alex 75 19.45
Section   Sect	B.(c) If alive, give ageyet	ore l
8. AGE: Years Matths Days If less than one day    South   Sout	V - 1	augusta)
B. Birthplace. Control County, and state)  10. Usual occupation.  11. industry or business  12. Name.  13. Birthplace  14. Maiden name Sarah  15. Birthplace  18. Informant  14. Maiden name Sarah  16. Usual occupation.  17. County  18. Informant  19. Fallah  19. Major findings of operations.  19. Major findings of operations.  19. PHYSICIAN: Please underline the cause in which death should be cherged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  17. County or remainder, one cannowal, Which?  18. Funera Birector  19. Funera Birector  10. Funera Bir	8. AGE: Years Months Days It less than one day	Inmediate frame of all a manufactures of the da
Birthplace Asthory House (Town, county, and state)  10. Usual occupation (Town, county, and state)  11. Industry or business Active and Secretary (Include pregnancy within 3 months of death)  12. Name County (Include pregnancy within 3 months of death)  13. Birthplace  14. Malden name Sandle (Include pregnancy within 3 months of death)  15. Birthplace (Include pregnancy within 3 months of death)  16. Burthplace (Include pregnancy within 3 months of death)  17. Authory results (Include pregnancy within 3 months of death)  18. Informant Address Fallshu puck.  19. Authory results (Include pregnancy within 3 months of death)  22. VIOLENCE: If death was due to external causes, fill in the following:  19. Accident, suicide, or homicide.  22. VIOLENCE: If death was due to external causes, fill in the following:  10. Usual Accident, suicide, or homicide.  11. Injured at home, farm, industry, public place (where?)  12. Injured at home, farm, industry, public place (where?)  13. Birthplace  14. Malden name Sandle  15. Birthplace  16. County (County)  17. Accident, suicide, or homicide.  18. Injured at home, farm, industry, public place (where?)  19. Injured at work?	8 / // 1 1 1 hrs	
10. Usual occupation.  11. industry or business  12. Name		Tolores alla Cappings :
11. Industry or business    12. Name.	B. Birthplace (Town county and state)	Due to 5 4/2
11. industry or business  12. Name	Treasural	Tenimary Sauces
12. Name	10. Usual occupation	Oue to
14. Maiden name South  15. Birthplace  18. Informant Educated R Scartorough Address Faleston year.  17. Dourse Date thereof Registrations (Burial, cremation, or removal, Which?)  18. Emera litector Manting Start South Registrations (City or town)  18. Funeral litector Manting Start Registrations (Include pregnancy within 8 months or death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be cherged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?	11. industry or business Release	
14. Maiden name South  15. Birthplace  18. Informant Educated R Scartorough Address Faleston year.  17. Dourse Date thereof Registrations (Burial, cremation, or removal, Which?)  18. Emera litector Manting Start South Registrations (City or town)  18. Funeral litector Manting Start Registrations (Include pregnancy within 8 months or death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be cherged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?	12. Name Edoured Secretory	Other conditions Exacusers Coessess Coessess
14. Maiden name South  15. Birthplace  18. Informant Educated R Scartorough Address Faleston year.  17. Dourse Date thereof Registrations (Burial, cremation, or removal, Which?)  18. Emera litector Manting Start South Registrations (City or town)  18. Funeral litector Manting Start Registrations (Include pregnancy within 8 months or death)  Major findings of operations.  Date of op.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be cherged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury Injured at work?	13. Birthplace	alevation.
Address Falls of Date thereof (day) (year)  (Burial, cremation, or removal, Which?)  Cemetery or crematory Lettle Falls Muchay Kours  Location Falls House (State)  18. Funeral lirector Mushing Stands  Address Farst Maville Mash (County)  Address Farst Maville Mash (County)  And Stands (County)  And Stands (County)  Accident, suicide, or homicide		(Include pregnancy within 8 months of death)
Address Falls of Date thereof (day) (year)  (Burial, cremation, or removal, Which?)  Cemetery or crematory Lettle Falls Muchay Kours  Location Falls House (State)  18. Funeral lirector Mushing Stands  Address Farst Maville Mash (County)  Address Farst Maville Mash (County)  And Stands (County)  And Stands (County)  Accident, suicide, or homicide	E 14. Malden name	Major findings of operations
Address Fallston yulk.  Address Fallston yulk.  Date thereof and 27 of 5  (Barial, cremation, or removal. Which?)  Cemetery or crematory Lettle Falls Multing House  Location Fallston for falls for falls  Location Function (State)  18. Funeral litector Musting House  Address for Musting House  Address fill in the following:  Accident, suicide, or homicide.  Bate of Musting House  Accident, suicide, or homicide.  Bate of Musting House  Accident, suicide, or homicide.  Accident, suici	15. Birthplace	Date of op.
Address Fallston prod.  PHYSICIAN: Please underline the cause to which death should be cherged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	18 Informant Edmined R Scartorong	Autopsy results
17. Course   Date thereof   Oag 27 45	Took well	PHYSICIAN: Please underline the cause in which death should be cherged statistically.
(Burial, cremation, or removal. Which?)  Cemetery or cremator Lettle Falls Muching House  Location Falls House (State)  Location Function Waster Stars  Means of Injury  Address Farst Maville, M.A.	0 0 000.40	22. VIOLENCE: If death was due to external causes, fill in the following;
Cemetery or crematory Textle Falls Muchany House  Location Fallston House (County) (County)  Location Fallston House (State)  Injured at home, farm, Industry, public place (where?)  Means of Injury  Address Farm Visville, M. A.  Address Farm Visv	( anth) (daw) (warr)	Accident, suicide, or homicide
Location Fallston Horiford CS Md.  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  Address Tosset Usville, Md.	To the Falls Muches House	
18. Funeral lirector Mustby Starts  Address Texas Itsville, M. A.  22. SIGNATURE 11. Deland P. Heldson		
Address tossettsville, med.		100000
Address tossettsville, god.	a. Marty Flush	Means of Injury Injured at work?
22 CIONATIDE / I VIII TO TO TO THE TOTAL TOT	18. Funeral Birector.	····
23. SIDRATURE CONTROL OF THE CONTROL	Address tosselle, my,	- 22 SIGNATURE / 1) ellard P. Kulson
M. D. or other	and the said of Branche Comment of Branche	23. SIGNATURE M. D. or other
(Date of d by registrar)	(Date rec'd by registrar)	rar Address Tout fell My Date signed 5/25/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

A15 NS MIANU E BEAR TORRES

NOV 5 1915

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 934

## CEDTIFICATE OF DEATH

CERTIFICA	TE OF DEATH
1. PLACE OF DEATH: Harford	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
Maria a la a la companya de la compa	State Mary aug County That ford
(If outside city or town limits, write RURAL and give nearest town)	City or town Whereal - Wheedeerel
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Huspitel, Maintenin, of affect address where death occurred.	Street No. (If rural, give LOCATION)
How tong In hospitat or Institution?	2.(a) ti veteran, name war
3. (a) FULL NAME John George Valiani	In Au   3. (b) Social Security Number
4. Sex \$/Color or race \$.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male White the	1 - 1 - 27
May & Dill	20. DATE OF DEATH QUEL 27 19.45 at 4.000 M
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S.(c) It alive, give ageyear	Cpiel 18 + 2 10 Car 9 19 + 5
7. Birth date of deceased (mo., day, yr.) Plc. 25/856	and that I last saw h die alive on Quy 2 19 75
8. AGE: Years   Months   Days   If less than one day	Immediate cause of death
88 8min.	ante pulmany orderna Plus
Harasa and	C. T. incolondia C.W. Durana Yuna
9. Birthplace (Town, county and state)	Due to Interior extendis C.V Diese y yes
10. Usual occupation Fearmer	
11. Industry or business	Due to
	Diher conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Uniknown	Major findings of operations.
E 15. Birthplace Dernany	Bate of op.
18. informani Mrs. Macy M. Silbert	Autopsy results
12. 1t., BYE	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Wellew VI. S. D.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory of Paul Lutheran	Where did injury occur? (City or town) (County) (State)
De Post Maria	
Location W. J.	tnjured at home, farm, industry, public place (where?)
18. Funeral director Telpholy Lange Douce	means of injust
Address aberden med	1. (Ralph Horry lya)
(1.1031 115 Mellin 7/18/10	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) Registrar	Address Date signed Cing 28

STANSO TO THE MILE THE AT AN ALL WAS A STAN OF A PART OF

PRIMITE OF THE PRIME

(Later Control of the Control of the

RECEIVED

SEP 4 1945

BUREAU V.B.

2411 N. Charles St., Baltimore

M) to	CERTIFICAT	Reg. Dist. No.	
	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF Conception of the C	DECEASED:
ly. Th	City or town Alexand (If outside city or town limits, write RURAL and give nearest town)	State Manyland County City or town Alexalers	write RURAL and give nearest town)
RGIN RESERVED FOR BINDING ADING INK. Supply every item of information carefully. The co	How long in above place of death?  Hospital, institution, or street address where death occurred:  Limon line Danjand memorial Hospital		
ation th cle	How long in hospital or institution?  3. (a) FULL NAME	2.(a) If veteran, name war	3. (b) Social Security Number
orma	Hershel Smith		J. (0) Decial Decarity Masses
NG of inf	4. Sex   5. Color or race   6.(a)Single, married, widowed, or divorced	MEDICAL CEF	RTIFICATION  19.45, at 5.25f
BINDING ry item of	8.(6) Name of husbend or wife	2t. I CERTIFY that death occurred on the date above	stated; that I attended deceased from
FOR ly ever write t	7. Birth date of deceased (mo., day, yr.) Dec 16 1904  8. AGE: Years Months Days If less than one day	end that I last saw h. LAMalive on	qual 7
RESERVED	8. AGE: Years Months Days If less than one day		2:
RESE INK.	9. Birthplace	Due to.	
GIN	11. Industry or business	Due to	
	12. Name I Legalar Ferries Smith	Other conditions	
ta d	14. Malden name Mary Olice Lloyd  t5. Birthplace	(Includa pregnancy within 3 mo	
	2 1		
NILY, cially	Address Calculation Find	Autopsy results	h death should be charged statistically.
PLAINLY, s especially	17. Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide	
is in	Cemetery or crematory	Where did injury occur?(City or town)	(County) (State)
WRITE	Location Marsefully W. The	Injured et home, farm, Industry, public place (whe	Injured at work?
15 SE	18. Funeral director Alexander States	50 J. (	(12
VS A15 PLEASE	19. S/9 (Date ree'd by registrar)  19. Registrar	23. SIGNATURE	M. D. or other  Bate signed 8-7-4

AUG 13 1945
BUREAU V. 8.

\* - 2 \* \* 1 w

2411 N. Charles St., Baltimore

08100

1 DIACE OF DEATH.	TE OF DEATH Reg. Dist. No. 182
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State  County  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOCATION)
How long in hospitat or Institution?	.   2.(a)   1 veteran, name war
3. (a) FULL NAME Watter M Swittle	3. (b) Social Security Number
4. Sex 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
hade white married	20. DATE OF DEATH Que 23 1945 at 11:30 A
6.(b) Name of husband or wife    5.(c) If alive, give age year    7. Birth date of deceased (mo., day, yr.)    8. AGE: Years    Months    Bays    If less than one day    hrs. min	and that I last saw h
9. Birthplace (Town, county, applicate)  10. Usual occupation (Town, county, applicate)	Due to hypertosin years  Oue to
11. Industry er business  12. Name  13. Birthplaco	Other conditions.
14. Malden name Collus 9	(Include pregnancy within 3 months of death)  Major findings of operations.
16. Informant Mr Herry's Smith, Address Whies Falls Wid,	Antopsy results
17. Buriel, cremation, or removal. Which?)  Bate thereof. 8. 25. 45. (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the following;  Accident, suicide, or homicide
Commetery or crematory Tulisabust  Location Tallston Juna	Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?)
Address Bluson Well	Means of Injury Injured at work?  Then O Hodows, mp
19. 8-24 1945 Puscilla Touvova (Date rec'd by registrar) Registra	23. SIGNATURE M. D. or other  Address Edgewood, md Date signed 8-23-78



1. PLACE OF DEATH:

## MARYLAND STATE DEPARTMENT OF HEALTH

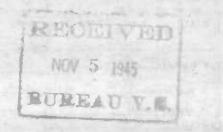
2411 N. Charles St., Baltimore (83-2)

# CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:

Pag Nist No 183

Site team.  (It optibles gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles give or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles give or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles give or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optible gife or twom limits, write RURAL and give nearest town)  Sirest Re.  (It optibles give or the state of the state above that a limits for the state of the state above that a limit nearest gife nearest gife or two limits, write RURAL and give nearest town)  Sirest Re.  (It rural, give LOCATION)  2.(a) It vioras, name war  2.(b) Social Security Number  2.(b) It rural, give LOCATION)  2.(c) It vioras, name war  2.(b) Social Security Number  2.(c) It vioras, name war  2.(c) It vioras, name war  2.(d) It vioras, name war  2.	County	(For newborn infants give residence of mother)
Her long in above pixe of selfalt.  Respital, institution, or streat address where death occurred:  Sireet No  (If rusts, give LOCATION)  2. (a) If retara, game war.  3. (b) Social Security Number  3. (c) Full NAME  3. (c) For trace  6. (c) Full, NAME  3. (c) For trace  6. (c) Full, NAME  3. (d) Social Security Number  4. Sas  6. (c) Full, NAME  3. (e) Have of the self-self-self-self-self-self-self-self-	City or town	8 10
Street Mo		(If outside city or town limits, write RURAL and give nearest town)
Rev long in hospital or institution?  3. (a) FULL NAME  4. Sex  5. Color or race  8. Color or race  9. Burthplace  9. Conditions  9. Conditions  9. Conditions  9. Conditions  9. Conditions  10. Function of premaners  10. Conditions  11. Function of premaners  12. Significant  13. Burthplace  14. Malden name of the premaners  15. Function of premaners  16. Conditions  17. Conditions  18. Conditions  19. Conditions		
8. A Set	41	
3. (a) FULL NAME  4. Set  A. Copie of race  8. (a) Single/fharied, widowed, or diverced  MEDICAL CERTIFICATION  20. Dit of Death Comment of Justice of Security Number  MEDICAL CERTIFICATION  21. I CERTIFI that death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the death accorded on the date above related; that I steeded deceased from the deceased from the death accorded on the date above related; that I steeded deceased from the deceased from the death accorded on the date above related; that I steeded deceased from the	How long in hospital or institution?	
4. Set  4. Set  5. Opirir or race  6. (O) Single financial, widewed, or directed  MEDICAL CERTIFICATION  20. Date of Dearw Constitution  8. (O) Hame of hydrand or wife.  9. (O) Hame of hydrand or wife.  10. (O) Hame of hydrand or wife.  11. (Include or wife.  12. (Include or wife.  13. (Include or wife.  14. (Include or wife.  1		Water and the second se
MEDICAL CERTIFICATION  (So. ) Name of hyphand or wife	John H su	3. (b) Social Security Number
8. (b) Name of puriod or wife.  8. (c) If alive, give age.  9-27  18. It is date of deceased (mo., day, yr.)  8. AGE: Vear Months  19. When the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; that I altended deceased from 19. AGE to the state above stated; the state above stated; that I altended deceased the state above stated; the state above stated; the state above stated; the st	4. Sex   S. Color or race   6.(a) Single: married, widowed, or divorced /	MEDICAL CERTIFICATION
8. (b) Rame of hybrand or wife.  7. Birth date of decessed (no., day, yr.)  8. AGE: Vears Months Days If less than one day  10. Usual occupation.  11. Industry or business  12. It man.  13. Birthplace  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  16. Informant  16. Informant  16. Informant  17. Birthplace  18. Maiden same of hybrand or wife.  18. Birthplace  19. While name of hybrand or wife.  19. While or wife death should be charged statistically.  20. VIOLENCE: If death was due to external causes, fill in the following;  19. Where did injury occur? (City or town) (County) (State) injured at home, farm, industry, public place (where?) (Mains of injury injured at work?  19. D. Occupant of the cause to which death should be charged statistically.  21. ICERTIFY that death accorred on the date above stated; that it altered decessed from  22. ITCERTIFY that death accorred on the date above stated; that it altered decessed from  25. In the state hybrand it leaf saw horder and that it leaf	male White Tandonel	
Ti. Birth date of deceased (mo., day, yr.)  S. AGE: Vears Months Day If less than one day  S. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business  12. Name (Include pregnancy within 3 months of death)  13. Birthplace  14. Maiden name (Include pregnancy within 3 months of death)  Major findings of operations.  Adlongy results.  Adlongy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Adlongy results.  Commetery or crematory (County)  Location (or removal, Wichelf)  Date thereof (Markelf, spicific, sp	17 81 174	
7. Birth date of deceased (mo. doy, yr.)  8. AGE: Years Months Days' It less than one day  9. Birthplace (Town, county, and state)  10. Usual occupation.  11. Industry or business  11. Industry or business  12. Nama  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Maiden name  18. Informant  19. Birthplace  19. Date thereof (for remove Which?)  10. Usual occupation.  11. Maiden name  11. Industry or business  12. Vanna  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Maiden name  18. Informant  19. Date thereof (for remove Which?)  19. Date thereof (for remove Which?)  10. Usual occupation.  10. Usual occupation.  11. Industry or business  11. Industry or business  12. Vanna  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Maiden name  18. Informant  18. Informant  19. Date thereof (for remove Which?)  19. Date thereof (for remove Which?)  10. Usual occupation.  10. Usual occupation.  10. Usual occupation.  11. Industry or business  12. Vanna  13. Birthplace  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. Industry or business  18. Informant  19. Industry or business  19. Unclude prognately within 3 months of death)  19. Actions  10. Usual occupation.  10. Usual occup	8.(b) Name of byotand or wife.	
Berthplace    Second comparison		
8. AGE: Tears Months  Days If less than one day  Industry of business  10. Usual occupation.  11. Industry or business  13. Birthplace  14. Maiden names  Address  Dither conditions.  Dit		and that I last saw Water alive on
9. Birthplace Trown, country, and state)  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address  17. Birthplace  18. Informant  Address  19. Birthplace  10. Usual occupation.  Date the conditions  Dive to.  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, sulcide, or homicide.  Dive did Injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  M. D. or other,  Divertify the statistically.  Divertify the statistically.  Address  Divertify the statistically.  Accident, sulcide, or homicide.  Means of injury  Injured at work?  M. D. or other,  M. D. or other,  M. D. or other,  M. D. or other,  Divertify the statistically.  Divertify the statistically.  Divertify the statistically.  Accident, sulcide, or homicide.  Means of injury  Injured at work?  M. D. or other,  M. D. or other,  Divertify the statistically.  Di		Immediate cause of death DURATION
9. Birthplace  10. Usual occupation.  11. Industry or business  12. Name.  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  Address  17. (Burial, creamation for removal, Which?)  18. Date thereek.  19. Where did Injury occur?  (County)  (Cou	001 14 1	
Due to  11. Industry or business  12. Name  13. Birthplace  14. Maiden name  15. Birthplace  16. Informant  17. (Burial, eremation) of removal, Which?)  17. (Burial, eremation) of removal, Which?)  18. Funeral director  19. Address  10. Sund occupation.  10. Date thereof.  10. Sund occupation.  11. (Burial, eremation) of removal, Which?)  12. VIOLENCE: If death was due to external causes, fill in the following:  18. Funeral director  18. Funeral director  19. Address  20. VIOLENCE: If death was due to external causes, fill in the following:  19. Accident, suicide, or homicide.  19. Date of op.  10. County)  11. (City or town)  12. (City or town)  13. Signature  14. Maiden name  15. Birthplace  16. Funeral director  17. (City or town)  18. Funeral director  19. Address  20. Signature  21. Signature  22. VIOLENCE: If death was due to external causes, fill in the following:  18. Funeral director  19. Address  22. VIOLENCE: If death was due to external causes, fill in the following:  19. Accident, suicide, or homicide.  19. Date of op.  10. Accident, suicide, or homicide.  10. County)  10. State)  11. Maiden name  12. Altopsy results.  22. VIOLENCE: If death was due to external causes, fill in the following:  19. Accident, suicide, or homicide.  19. Date of op.  10. Accident, suicide, or homicide.  10. Date of op.  10. Accident, suicide, or homicide.  10. Date of op.  11. Accident, suicide, or homicide.  12. VIOLENCE: If death was due to external causes, fill in the following:  19. Accident, suicide, or homicide.  19. Accident, suicide, or	9. Birthplace (Town, county, and state)	a Dalahai - a a Sahaa :
Dither conditions  13. Birthplace  14. Maiden name  (Include pregnancy within 3 months of death)  Major findings of operations.  15. Birthplace  16. Informant  Autopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Date of  Where did injury occur? (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  23. SIGNATURE.  M. D., or other/	10. Usual occupation.	
13. Birthplace  14. Maiden name  (Include pregnaucy within 3 months of death)  Major findings of operatious  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, sulcide, or homicide.  Date of  Date of  Date of op.  Antopsy results.  PHYSICIAN: Please underline the cause to which death should be charged statistically.  Accident, sulcide, or homicide.  Date of  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of injury injured at work?  Means of injury  13. ## 5 Darmes (P. Darmes)  M. D. or other	11. Industry or business 7 mm	
13. Birthplace  14. Maiden name  (Include pregnaucy within 3 months of death)  Major findings of operations  (Burial, cremation of removal, Which?)  Cemetery or crematory  Location  Location  Address  15. Funeral director  Address  22. VIOLENCE: If death was due to external causes, fill in the following;  Where did Injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  M. D. or other  M. D. or other  M. D. or other	12. Name Lande B	Dither conditions
14. Malden name   14. Malden name   15. Birthplace   16. Informant   16. Informant   17.   18. Informant   1	13. Birthplace Bill To	
Major findings of operations.    18. Informant	SI SI A HE ST	(Include pregnaucy within 3 months of death)
Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, suicide, or homicide	E 14. Malden name	Major findings of operations.
Address  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Bale of  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury  Address  23. SIGNATURE.  M. D. or other	≥ 15. Birthplace factoring They	Date of op.
Address  PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide.  Bale of  Where did Injury occur?  (City or town) (County) (State)  Injured at home, farm, industry, public place (where?)  Means of Injury  Address  23. SIGNATURE.  M. D. or other	18 Informant Town of 1 mason	Asioney results
22. VIOLENCE: If death was due to external causes, fill in the following:    Country   Country   Country   Country	10 10 - 2 - 1	
Bate thereof (State)    County   County	Address Address	22. VIOLENCE: If death was due to external causes. fill in the following:
Where did Injury occur? (City or town) (County) (State)  Location Injured at home, farm, industry, public place (where?)  Means of Injury Injured at work?  Address Tarry Property 23. SIGNATURE.  23. SIGNATURE.  M. D. or other/	(Burial, cremation or removal, Which?)  Bate thereo (Gay) (year)	
Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?  Means of injury  Injured at work?  Address  23. SIGNATURE  M. D. or other  M. D. or other  M. D. or other	7	Where did injury occur?
Address Face Stone Ba 23. SIGHATURE Colorad St. Hygon  Queq 21" 19 45 Thomas P. Brown  H. D. or other/	Location Janua Store Pa	
Quag 21" 18 45 Thomas P Brown II III M. D. or other	18. Funeral director 24 Morray Kell	Means of injury injured at work?
(steep 1) 19 43 Chomes 11 10 10000	Address Faun From Pa	Columns Of Heron
(Date fee'd by registrar)  Rogistrar   Address   Louis   March   Date signed   Date si	Qua 21" 1945 Thomas R Brown	23. SIGNATURE M. D. or other
	(Daty ec'd by registrar) Rogistrar	Address Address Date signed Da



VS A15

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940.

# CERTIFICATE OF DEATH

08101 Reg. Dist. No.

. Date signed.

1. PLACE OF DEATH: Sanfal	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
131 - 01	State Maryhand County Darford
(If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
nospinal, institution, of street address miner death beduted.	Street No. 31 6: Old Give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Frederick Orwan Viele	Jone
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
many many	20. DATE DE DEATH 19 45 at 41 40 G. M
8.(b) Namo of husband or wite	21. I CENTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of S. (c) If alive, give age C. years	Jacks 18 45 , to Cliffy 8 1945
7. Birth date of deceased (mo., day, yr.) Cause. 13 - 1876	and that I last saw by 72 alive on 1945
8. AGE: Yeare   Months   Days   If lees than one day	Immediate cause of death DURATION
68 //nin.	COT MATTY CONSTRUCTION
8. Birthplace Jany Ba	Due to.
(fown, county, and state)	
10, Usual occupation	Due to
11. Industry or business Refact describes bysering	
12. Name Siles Frield  13. Birthplace 2. 9.	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Florance Onder.  15. Birthplace From Sa	Major fiedings of operations.
E 15. Birthplace From Na.	Date of oc.
18. Informant Mass Europe J. Vella	Aotopsy results
Address # 315 Bel Cin Car Caberdeen me	PHYSICIAN: Please underline the caose to which death should be charged statistically.
17 Davied Date thereof aug. 16-19 45	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burlat, cremation, or removal. Which?)  (Burlat, cremation, or removal. Which?)	Accident, euicide, or homicide
Cemetery or crematory	Where did injury occur?
Location La Sucadian mad.	Injured at home, farm, industry, public place (where?)
18. Funeral director Alexand Jansing Sons	Means of Injury Injured at work?
Address alverdien med	NN N.A. n.
To all July	23. SIGNATURE ON MELLING IN THE
19. Clate rec p by registrar)  [Date rec p by registrar)	Address aborded mb Date signed 4/45

BY HAR TO THE WILLIAM TO THE PERSON OF PERSONS

PERSON WAS STRANGERSON

The same of the same

STANDING SAME

SEP 4 1945 BUREAU V.

VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 73

### CERTIFICATE OF DEATH

	()	8	1	1)	2	
Reg.	Diat	. N	٥.,		18	1

	Reg. Diat. No		
1. PLACE OF DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State		
3. (a) FULL NAME Laura G. Wells	3. (b) Social Security Number		
4. Sex   5. Color or race   6.(a) Single, married, widowed, or divorced  Telemode Whele Westernam	MEDICAL CERTIFICATION  20. DATE OF DEATH.  MEDICAL CERTIFICATION  19.45 21 3.25 PM		
6. (b) Name of husband en wife Associated To Wella Strands To Wella Strand	21. I CERTIFY that death occurred on the date above stated: that I ettended deceased from  19.45.  and that I last saw harmalive on 19.45.		
8. AGE: Years   Months   Days   11 less than one day	Immediate cause of death DURATION		
8. Sirthplace	Due to Chronic Chalalthasis  Due to Chronic Chalagetts		
11. Industry or business    12. Hame   Welllains & Blutters     13. Birthplace   Virginia	Dither conditions		
14. Maiden name Laura a ?  15. Birthplace Maine	(Include pregnancy within 3 months of death)  Major findings al operations.  Date of op.		
16. Informant Mrs. Bolist E. Wella.  Address / 31 & N. Lesquane Car. Balli. Wed	Antopsy results		
17. (Burial, cremation, or removal, Whigh?) Date thereof Charles (month) (day) (year)	22. V10LENCE: 11 death was due fo external causes, fill in the following;  Accidenf, suicide, or homicide		
Location Surface Bush of the	Where did injury occur?		
Address Charles Med 7	23. SIGNATURE Adverse D. Adverse M. D. or other		
18. (Date repel by registrar) 19.45   Club A D Wel			

HYMAER OF THUM SAMES STATE ORGITESEN

in his relation of the parties of the second

SSP 4 1945 BUREAU V.C.

2411 N. Charles St., Baltimore 37-6

### CEDTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF/DEATH:  County	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infants give residence of mother)  State
4. Sex   5. Color or race,   6.(a)Single, married, widowed, or divorced   Magnied	MEDICAL CERTIFICATION  20. BATE OF DEATH
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  19
9. Birthpleel Vales Station Mars Co. 11. Da.  19. Usual occupation (Town/county, and state)	Due to. To Vernia - asphylia
11. Industry or business (abenet Myker)  El 12. Name	Dither conditions
14. Malden name. Eller Share.  15. Birthpiace Walker Station, U. Va.  16. Informant. M. S. Darrier Botta (See	Major findings of aperations.  Bate of op.  Antippsy pesults.  PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address  17. (Burlal, cremation, or removal. Which?)  Cemetery or crematory.  Bate thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;  Accident, euclide, or homicide
18. Funeral director	Means of Injury  E. Leye, 605.

Registrar

VS A15

WITH UNFADING INK. Supply every item of information important. Physicians: please write the causes of death

PLEASE WRITE PLAINLY, WITH UNF is especially important.

(Date royd by registrar)

19 45

MARGIN RESERVED FOR BINDING

AUG 27 1945

and set with the

MARGIN RESERVED FOR BINDING

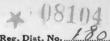
VS A15

Mag

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 1069

# CERTIFICATE OF DEATH



1. PLACE OF DEATH: Harford				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn iofants give residence of mother)			
County				Slate Penna. County Schuylkill			
City or town			RURAL and give nearest town)				
How long in above place	ce of death?	yr -	lmo.	City or town. Pottsyille (If outside city or town limits, write RURAL and give nearest town)			
Hospital, Institution,	or street eddress where	death occurre	d:	Street No	Street No.		
		•••••••••	***************************************	(1f rural, give L			
How long in hospital	or Institution?	••••••	***************************************	2.(a) If veteran, name war	***************************************		
3. (a) FULL NAM	ME				3. (b) Social Security	Number	
F	rederick	Winn					
4. Sex	5. Color or race		o, married, widowed, or divorced	MEDICAL CE	RTIFICATION		
Male	White		Widowed	20. DATE OF DEATH. Quy 4	19 45	1750p	
& (b) Name of huckan	darwie Carr	ie E.	Winn	21. I CERTIFY that death occurred on the date above			
				19 19 10 Y	4 to any	19.45	
7. Birth date of			c) If alive, give ageyear	and that I last saw h	4	19.44	
deceased (mo., day		25, 1 Bays	880 I If less than one day	Immediate cause of death		BURATION	
8. AGE: Yea				Elleros		2 100	
6	5 6	9	hrs min	Conchectasio		Keare?	
9. Birthplace	Pottsvill	e E	8.a.9state)	Due to		1	
						***	
10. Usual occupation	netired	rcoar	Miner	Due to		* *************************************	
11. Industry or busine	283				**************************		
臣 12. Name	Henry	Winr		Other conditions			
Henry Winn  12. Name Henry Winn  Germany							
14. Malden name	Eliza	heth	Miller	(Include pregnancy within 3 months of death)			
LO 14. mainer hain	G	Pa.		Major findings of operations			
-							
			ller	PHYSICIAN: Please ooderline the caose to which	h death should be charged	statistically.	
Address M	agnolia	Md.					
17 Remov	al on, or removal. Which?	Date the	eof Aug 7, 1945 (month) (day) (year)	22. VIOLENCE: If death was due to external cause			
(Burial, crematic	on, or removal. Which?						
Cemetery or crema	tory Claude	A. LO	rđ	Where did injury occur?			
Location 410	Garfield	1 Squa	re, Pottsville,	anjured at home, farm, industry, public place (whe	re?)		
			omas & Son		Injured at work?		
M MANUFACTURE CO.					- 1 - 1		
	0	Ad.	20 100 1	23. SIGNATURE AND OF	oaous 1	10	
10 aug. 1	7 1945	n	vie / n. Moule la	Address Edgewood n	M, D.	or other	
(Date rg 'd by	registrar)	/	Registra	Address Edgewood n	Date signed.	0 170	

RECEIVED

AUG 10 1945

BUREAU V.S.